

SERFF Tracking Number: AGDE-127313149 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 49488
 Company Tracking Number: S30641DBG (REV 5-11)
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Specialty Markets
 Project Name/Number: Concussion Medical Expense Benefit /S30641DBG (Rev 5-11)

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Specialty Markets SERFF Tr Num: AGDE-127313149 State: Arkansas
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 49488
 Closed
 Sub-TOI: H04.000 Health - Blanket Co Tr Num: S30641DBG (REV 5- State Status: Approved-Closed
 Accident/Sickness 11)
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Jane Ford, Penny Berry, Disposition Date: 08/08/2011
 Veronica Bullock
 Date Submitted: 08/08/2011 Disposition Status: Approved-Closed
 Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Concussion Medical Expense Benefit
 Project Number: S30641DBG (Rev 5-11)
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is not regulated.

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Blanket
 Filing Status Changed: 08/08/2011
 State Status Changed: 08/08/2011
 Created By: Veronica Bullock
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 Honorable Jay Bradford
 Insurance Commissioner

Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:
 Deemer Date:
 Submitted By: Veronica Bullock

SERFF Tracking Number: AGDE-127313149 *State:* Arkansas
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Arkansas Insurance Department
Life/Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Accident Insurance Program (C11695DBG et al)
S30641DBG (Rev 5-11) Concussion Medical Expense Benefit Rider
Form Filing

Dear Commissioner:

Attached is the above-referenced form for your review and approval, pursuant to Arkansas statute 23-79-109. The form is new and does not replace any form previously approved in your state.

The referenced form is optional and will be used with policy form C11695DBG, Blanket Accident Insurance Policy, which was previously approved by your Department on August 30, 2001.

Form S30641DBG (Rev 5-11) will provide Concussion Medical Expense Benefits coverage to eligible individuals who suffer a Traumatic Brain Injury. We intend to market to statutory eligible groups such as schools to cover their students and we request approval to market to sports and activity associations to cover their participants.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than required under your law.

Thank you in advance for your attention to this filing. Please contact me if you have any questions or require additional information.

Sincerely,

Penny L. Berry
Regulatory Analyst
A&H Regulatory Affairs Department
Phone: (888) 396-5369 x 31721

SERFF Tracking Number: AGDE-127313149 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 49488
Company Tracking Number: S3064IDBG (REV 5-11)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Specialty Markets
Project Name/Number: Concussion Medical Expense Benefit /S3064IDBG (Rev 5-11)

Fax: (302) 830-4466

penny.berry@chartisinsurance.com

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@chartisinsurance.com
503 Carr Road 888-396-5369 [Phone] 31721 [Ext]
3rd Floor 302-830-4466 [FAX]
Wilmington, DE 19809

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa. CoCode: 19445 State of Domicile: Pennsylvania
503 Carr Road Group Code: 12 Company Type:
3rd Floor Group Name: AIG State ID Number:
Wilmington, DE 19809 FEIN Number: 25-0687550
(888) 396-5369 ext. 31722[Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	08/08/2011	50432980

SERFF Tracking Number: AGDE-127313149 State: Arkansas
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Product Name: Specialty Markets
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/08/2011	08/08/2011

SERFF Tracking Number: AGDE-127313149 *State:* Arkansas
Filing Company: National Union Fire Insurance Company of *State Tracking Number:* 49488
Pittsburgh, Pa.
Company Tracking Number: S30641DBG (REV 5-11)
TOI: H04 Health - Blanket Accident/Sickness *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness
Product Name: Specialty Markets
Project Name/Number: Concussion Medical Expense Benefit /S30641DBG (Rev 5-11)

Disposition

Disposition Date: 08/08/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-127313149 State: Arkansas

Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 49488

Company Tracking Number: S30641DBG (REV 5-11)

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Concussion Medical Expense Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: S30641DBG (Rev 5-11)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/08/2011	S30641DBG (Rev 5-11)	Policy/Contract	Concussion Medical Expense Benefit Rider	Initial		50.100	S30641DBG (Rev 5-11).pdf
Certificate: Amendments, Insert Page, Endorsement or Rider							

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Organization]

Policy Number: [XXXXXX]

CONCUSSION MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application.] [effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provision, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Concussion Medical Expense Benefit. If an Insured suffers a Traumatic Brain Injury that [within [1-30] days of the date of the accident that caused the Traumatic Brain Injury]¹, requires him or her to undergo a Computer Neurocognitive Assessment test and to be treated by a Qualified Health Provider or Credentialed Computerized Neurocognitive Assessment Personnel, the Company will pay [the coinsurance percentage of]² the Usual and Customary Charges for Covered Current Procedural Terminology (CPT) Codes incurred for Medically Necessary treatment or diagnosis for that Traumatic Brain Injury. [After satisfying the deductible,]³ benefits will be payable up to the Maximum Amount per Insured for all Traumatic Brain Injuries caused by the same accident listed opposite the applicable Covered CPT Codes shown on the Benefit Schedule [subject to the Concussion Medical Expense Benefit Maximum Amount per Insured for all Traumatic Brain Injuries caused by the same accident]⁴ and within [26, 52, 104] weeks after the date of the accident that caused the Traumatic Brain Injury.

Computer Neurocognitive Assessment test - as used in this Rider means licensed Computerized Neurocognitive Assessment software administered and interpreted by a Credential Computerized Neurocognitive Assessment Personnel used in determining Traumatic Brain Injury as a result of an accident .

Covered Current Procedural Terminology (CPT) Code – as used in this Rider means Current Procedural Terminology code published by the American Medical Association to provide uniform language that accurately describes Medical, surgical and diagnostic services and as listed on the Benefit Schedule.

Credentialed Computerized Neurocognitive Assessment Personnel - as used in this Rider means a person who has the completed training and required testing in order to administer and interpret Credentialed Computerized Neurocognitive Assessment test used in determining Traumatic Brain Injury.

[**Deductible** - as used in this Rider, means the amount of Usual and Customary Charges for treatment of Traumatic Brain Injuries that must be incurred by the Insured [in a Policy Term]⁶ [due to Traumatic Brain Injuries resulting from an accident]⁶ before Concussion Medical Expense benefits become payable. The Deductible Amount is shown in the Benefit Schedule. Concussion Medical Expense benefits are not payable for charges applied to the Deductible.]⁵

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

[**Experimental or Investigative** – as used in this Rider, means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies

S30641DBG (Rev 5-11)

BSR

not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.]⁷

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes[; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay]⁸.

Medically Necessary - as used in this Rider, means that a Covered CPT Code is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Qualified Health Provider and performed under his or her care, supervision or order.

[Pre-existing Condition - as used in this Rider, means a condition for which an Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the [6, 12 months] immediately preceding the effective date of the Insured's coverage under this Policy [unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription]^{9,10}

Qualified Health Provider – as used in this Rider, means a duly licensed neurologist, neurosurgeon, physical medicine and rehabilitation physician, Doctor of Medicine (MD), Doctor of Osteopathy Medicine (DO) or neuropsychologist.

Traumatic Brain Injury – as used in this Rider, means an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment. The Traumatic Brain Injury must: (1) occur while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes.

Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered CPT Code; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is; and (3) does not include charges that would not have been made if no insurance existed.

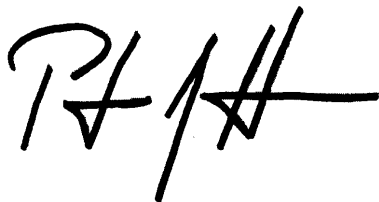
Exclusions. In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Concussion Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered CPT codes do not include, any expense for or resulting from any of the following:

1. repair or replacement of rental of existing Durable Medical Equipment unless [for the purpose of modifying the item because Traumatic Brain Injury has caused further impairment in the underlying bodily condition]¹¹ [due to a covered Traumatic Brain Injury]¹²;
2. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Concussion Medical Expense Benefit Rider for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense

is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Concussion Medical Expense Benefit Rider in lieu of such rental expense);

3. any charge for medical care for which the Insured is not legally obligated to pay;
4. care, treatment or services provided by an Insured or by an Immediate Family Member;
5. routine physical exam and related medical services;
6. [Pre-existing Conditions [, except that [complications or aggravations of]¹³ pre-existing injuries are paid [up to a [\$500] maximum benefit per [policy term]^{14, 14(a), 15, 16}];
7. elective treatment or surgery;
8. [Experimental or Investigative treatment or procedures]⁷;
9. care, treatment or services provided by persons retained or employed by the [Policyholder]; or for supplies, prescriptions or medicines paid for or reimbursable by the [Policyholder], or for which a charge is not made;
10. [Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;]¹⁷
11. educational or vocational testing or training;
12. care, treatment or services attributed to any CPT Code not listed on the Master Application;
13. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
14. charges that are payable under motor vehicle medical benefits.

The President and Secretary of National Union Life Insurance Company of Pittsburgh, Pa. witness this Rider.



President



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/08/2011
Comments:		
Attachment:		
AR Readability S30641DBG (Rev 5-11).pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/08/2011
Comments:		
Attached are the applications used with this product. These applications were previously approved by your department on August 30, 2001		
Attachments:		
C11696DBG.pdf		
C11697DBG.pdf		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/08/2011
Bypass Reason: N/A		
Comments:		

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) S30641DBG (Rev 5-11) achieved a Flesch Reading Ease score of 51.5 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in cursive script, reading "Susan E. Martin". The signature is written in black ink and is positioned above a horizontal line.

Susan E. Martin, Assistant Vice President

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

[MASTER][PARTICIPATING ORGANIZATION] APPLICATION FOR BLANKET ACCIDENT INSURANCE POLICY

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Policy Number: XXXXXXXX]

[2. Identification of Participating Organization:

Name of Participating Organization: XYZ Corporation

Address of Participating Organization: 567 Main Street, City, State ZIP]

[2][3]. Classification of Eligible Persons:

[Class	Description of Class	Number of Eligible Persons
1	All members of ABC Organization	TBD]

[3][4]. [Policy][Participating Organization] Coverage:

A. Covered Activities:

B. Benefit Schedule:

[CLASS(ES) 1[and 2]

Accidental Death Benefit _____ Provided _____ Not Provided

[Maximum Amount[for Covered Activity(ies) _____]: \$[1,000 - 5,000,000]]

Accidental Dismemberment Benefit _____ Provided _____ Not Provided

[Maximum Amount[for Covered Activity(ies) _____]: \$[1,000 - 5,000,000]]

[Concussion Medical Expense Benefit]**Combined Maximum**

\$ _____

Deductible

\$ _____ per [policy term/accident]

CPT Code(See Addendum for code description):**MAXIMUM**

[96116]	[\$100-500]
[96118]	[\$100-500]
[96119]	[\$100-500]
[96120]	[\$100-500]
[96152]	[\$100-500]
[96154]	[\$100-500]
[99203]	[\$75-300]
[99213]	[\$50-100]
[99214]	[\$50-200]
[99215]	[\$100-500]
[99116]	[\$100-500]
[70551]	[\$760-2280]
[70552]	[\$925-2275]
[72141]	[\$765-2300]
[76880]	[\$60-175]
[76942]	[\$85-260]
[95816]	[\$635-1910]
[95860]	[\$50-200]
[95861]	[\$125-375]
[95863]	[\$185-555]
[95900]	[\$35-105]
[95903]	[\$70-205]
[95904]	[\$35-105]
[95934]	[\$40-120]
[95957]	[\$635-1910]
[99090]	[\$635-1910]
[99204]	[\$75-225]
[99205]	[\$75-225]
[99243]	[\$115-340]
[99244]	[\$125-375]
[99245]	[\$100-500]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

C. [Policy][Participating Organization] Riders and/or Endorsements:

[The following Riders and/or Endorsements are attached to and made part of the [Participating Organization's coverage under the] Policy as of the [Policy][Participating Organization] Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

CLASS(ES) 1[and 2]

FORM NO. DESCRIPTION

S30641DBG (Rev 5-11) Concussion Medical Expense Benefit Rider

[4][5]. Premiums:

[It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[\$XXXX per Insured, due and payable in advance of the policy term]

[\$XXXX per Insured per month, due and payable on the first of each month for coverage to be provided for that month]

[The premium for the policy term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the [Policy][Participating Organization] Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the policy term. If the Calculated Premium is greater than the Minimum Premium, the difference between the two is due and payable on the date of written notice by the Company to the [Policyholder][Participating Organization] of the amount owed.]]

[5][6]. [Policy][Participating Organization] Effective Date: [Month XX, 19XX]

[6][7]. [Policy][Participating Organization] Termination Date: [Month XX, 19XX]

Signed for the [Policyholder][Participating Organization]

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

ADDENDUM TO BENEFIT SCHEDULE

CPT CODE	DESCRIPTION
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting test), per hour of the psychologist's or Physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded detailed problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided

consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with patient and/or family.

- 99116** Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure).
- 70551** Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material.
- 70552** Magnetic resonance (eg. proton) imaging, brain (including brain stem); with contrast material.
- 72141** Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material.
- 76880** Ultrasound, extremity, nonvascular, real time with image documentation.
- 76942** Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation.
- 95816** Electroencephalogram (EEG); including recording awake and drowsy.
- 95860** Needle electromyography; one extremity with or without related paraspinal areas.
- 95861** Needle electromyography; two extremities with or without related paraspinal areas.
- 95863** Needle electromyography; three extremities with or without related paraspinal areas.
- 95900** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study.
- 95903** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study.
- 95904** Nerve conduction, amplitude and latency/velocity study, each nerve sensory.
- 95934** H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle.
- 95957** Digital analysis of electroencephalogram (EEG) (eg. For epileptic spike analysis).
- 99090** Analysis of clinical data stored in computers (eg. ECG's blood pressures, hematologic data).
- 99204** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity Physicians typically spend 45 minutes face-to-face with the patient and/or family.
- 99205** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the

nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

- 99243** Office consultation for a new or established patient, which requires these 3 key components. A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
- 99244** Office consultation for a new or established patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
- 99245** Office consultation for a new or established patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE POLICY

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Policy Number: XXXXXXXX]

2. Policy Coverage:

A. Benefit Schedule:

Accidental Death Benefit ☒ Provided ☐ Not Provided
[Maximum Amount] for Covered Activity(ies) : \$[1,000 - 5,000,000]

Accidental Dismemberment Benefit ☐ Provided ☒ Not Provided
[Maximum Amount] for Covered Activity(ies) : \$[1,000 - 5,000,000]

[Concussion Medical Expense Benefit]

Combined Maximum

\$

Deductible

\$ per [policy term/accident]

CPT Code(See Addendum for code description):

MAXIMUM

[96116	\$[100-500]
[96118	\$[100-500]
[96119	\$[100-500]
[96120	\$[100-500]
[96152	\$[100-500]
[96154	\$[100-500]
[99203	\$[75-300]
[99213	\$[50-100]
[99214	\$[50-200]
[99215	\$[100-500]
[99116	\$[100-500]
[70551	\$[760-2280]
[70552	\$[925-2275]
[72141	\$[765-2300]
[76880	\$[60-175]
[76942	\$[85-260]
[95816	\$[635-1910]
[95860	\$[50-200]
[95861	\$[125-375]

[95863	[\$185-555]
[95900	[\$35-105]
[95903	[\$70-205]
[95904	[\$35-105]
[95934	[\$40-120]
[95957	[\$635-1910]
[99090	[\$635-1910]
[99204	[\$75-225]
[99205	[\$75-225]
[99243	[\$115-340]
[99244	[\$125-375]
[99245	[\$100-500]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

[Aggregate Limit \$_____]

B. Policy Riders and/or Endorsements:

[The following Riders and/or Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
S30641DBG (Rev 5-11)	Concussion Medical Expense Benefit Rider

3. **Policy Effective Date:** [Month XX, 19XX]

[4. **Policy Termination Date:** [Month XX, 19XX]]

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

ADDENDUM TO BENEFIT SCHEDULE

CPT CODE	DESCRIPTION
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting test), per hour of the psychologist's or Physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded detailed problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided

consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with patient and/or family.

- 99116** Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure).
- 70551** Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material.
- 70552** Magnetic resonance (eg. proton) imaging, brain (including brain stem); with contrast material.
- 72141** Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material.
- 76880** Ultrasound, extremity, nonvascular, real time with image documentation.
- 76942** Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation.
- 95816** Electroencephalogram (EEG); including recording awake and drowsy.
- 95860** Needle electromyography; one extremity with or without related paraspinal areas.
- 95861** Needle electromyography; two extremities with or without related paraspinal areas.
- 95863** Needle electromyography; three extremities with or without related paraspinal areas.
- 95900** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study.
- 95903** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study.
- 95904** Nerve conduction, amplitude and latency/velocity study, each nerve sensory.
- 95934** H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle.
- 95957** Digital analysis of electroencephalogram (EEG) (eg. For epileptic spike analysis).
- 99090** Analysis of clinical data stored in computers (eg. ECG's blood pressures, hematologic data).
- 99204** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity Physicians typically spend 45 minutes face-to-face with the patient and/or family.
- 99205** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the

nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

- 99243** Office consultation for a new or established patient, which requires these 3 key components. A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
- 99244** Office consultation for a new or established patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
- 99245** Office consultation for a new or established patient, which requires these 3 key components. A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.